



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MOTOR VEHICLES
Office of Medical Review
Washington, DC 20001



MEDICAL REPORT

Please provide the DC Department of Motor Vehicles with medical information on the applicant's ability to operate a motor vehicle safely.

Applicant's Name: _____

Address: _____

Date of Birth: _____ DC Driver's License Number: _____ Exp. Date: _____

Medical Condition(s); if any: _____

I, _____ hereby authorize _____ to
(Patient Signature) (Caretaker of Records)
release my pertinent medical records to the Department of Motor Vehicles for the purpose of assessing my physical and mental qualifications for driving a motor vehicle safely.

FOR PHYSICIAN'S OFFICE USE ONLY

MEDICAL HISTORY:

The medical history must include physical and mental disabilities, lab test results, prescribed medications and dosage, most recent dates of seizure or loss of consciousness, as well as the prognosis concerning the physical and mental condition of the applicant. Being considered for issuance of a DC driver's license. Please indicate any restrictions that may be necessary.

1. Brief Medical History: _____

2. Pertinent findings on physical, mental status or laboratory examinations: _____

3. Kind of treatment and amount of medication being taken at this time: _____

4. If medical problems include a psychiatric diagnosis, please comment on the current state of remission: _____

5. Recommendation on physical and mental qualifications to operate a motor vehicle safely: _____

6. If there is a history of seizures or loss of consciousness, then record the date of the last episode: _____

7. Prognosis: _____

PHYSICIAN NAME

PHYSICIAN SIGNATURE

PHYSICIAN ADDRESS

TELEPHONE NUMBER

DATE

For additional information, call our Customer Service Call Center at 202-727-5000, or visit our website: www.dmv.dc.gov
Please return to: DC Department of Motor Vehicles, 301 C Street, NW, Room 1033, Washington, DC 20001.

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